

DO/EO BIBLIOGRAPHIC DATA ENTRY

RECEIPT DATE: 06 / 21 / 01 09 / 869557 SERIAL NUMBER: IA FILING DATE: 12 / 21 / 99 IA NUMBER: PCT/ AU99 / 01135 DELAY WAIVED (Y/N): Υ FAMILY NAME: PAN DEMAND RECEIVED (Y/N): Υ GIVEN NAME: PRIORITY DATE: 12 / 21 / 98 PRIORITY CLAIMED (Y/N): Y US DESIGNATED ONLY (Y/N): NO BASIC FEE (Y/N): N N 1340-5 ATTORNEY DOCKET NUMBER: COUNTRY: CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 7038164000 FAX

NAME: ARTHUS R CRAWFORD

NIXON & VANDERHYE

STREET: 1100 NORTH GLEBE ROAD 8TH FLOOR

CITY: ARLINGTON

STATE/COUNTRY: VA ZIP: 222014714

EMAIL:

APPLICATION TITLES:

NOISE REDUCTION APPARATUS

TAB TO LAST POSITION, PUSH SEND